DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: ELIJAHS PLACE (410376)

Address: 1551 SOUTHLAND AVE, OSHKOSH, WI 54902

License Status: REGULAR

Licensed/Certified/Registered 06/01/1995

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Compliance

Verified

Corrected

Survey ID: 0096277 End Date: 01/30/2006 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007244 Served 02/03/2006

Deficiencies Cited Subject Area

83.42(3)(f) SLEEPING HOURS EVACUATION DRILL

Survey ID: 0090692 End Date: 06/23/2003 Type: STANDARD Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 09/06/2005 Date Investigation Completed: 01/30/2006

Subject Area(s) Result

OTHER NOT SUBSTANTIATED